FORM D

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OCT 182008

Washington, DC

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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Prefix			Serial			
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	DAT	E RECEIVE	D			
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- ,	ent and name has changed, and indicate change.)								
Goldman Sachs Commodity Opportunitie		T Continue (C)							
	Rule 504 □ Rule 505 ☑ Rule 506	☐ Section 4(6) ☐ ULOE							
Type of Filing: ☐ New Filing ☑ Amend									
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the issu	uer								
Name of Issuer (check if this is an amendm	ent and name has changed, and indicate change.)								
Goldman Sachs Commodity Opportunitie	s Fund Offshore, Ltd.								
Address of Executive Offices (N	umber and Street, City, State, Zip Code)	Telephone Number (including Area Code)							
c/o Goldman Sachs Asset Management, L.	P., 32 Old Slip, New York, NY 10005	(212)-902-1000							
	Number and Street, City, State, Zip Code)	Telephone Number							
(if different from Executive Offices)	0000	AND THE RESERVE OF THE PARTY OF							
Brief Description of Business	PROCES								
To operate as a private investment fund.	Man-								
	S UCT 2 4 201	8 08063126							
Type of Business Organization	TIONA								
☐ corporation	☐ limited partnership, alr II UMSON PFI	The der (please specify):							
☐ business trust	☐ limited partnership, alr THOMSON REL	Exempted Limited Company							
	Month Year								
Actual or Estimated Date of Incorporation or Org	ganization: 1 1 0 6	☑ Actual ☐ Estimated							
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia	tion for							
	State: CN for Canada; FN for other foreign ju	risdiction) F N							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following: 2.
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

		•		СОГР	orate general and in	magi	ng partners	or pe	ithership issuers, and	
	Promoter	n par □	Beneficial Owner		Executive Officer	Ō	Director		General and/or	
Check Box(es) that Apply:	☑ Promoter		Beneficial Owner	Ц	Executive Officer		Director	ш	Managing Partner	
Full Name (Last name first, if individual) Goldman, Sachs & Co.										
Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, NY 10004										
Check Box(es) that Apply:	☐ Promoter	Ø	Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner	
Full Name (Last name first, if General Motors Investment	•	orpoi	ation							
Business or Residence Addres 757 Fifth Avenue, New York	•	1 Stre	et, City, State, Zip (Code)						
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Ø	Director		General Partner and/or Managing Partner	
Full Name (Last name first, if Perlowski, John M.	individual)			•			•			
Business or Residence Addres c/o Goldman Sachs Asset Ma										
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Ø	Director		General Partner and/or Managing Partner	
Full Name (Last name first, if Sotir, Theodore T.	individual)									
Business or Residence Address c/o Goldman Sachs Asset Ma			et, City, State, Zip C Old Slip, New York	-		•				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Ø	Director		General Partner and/or Managing Partner	
Full Name (Last name first, if Shuch, Alan A.	individual)				•					
Business or Residence Address c/o Goldman Sachs Asset Ma										
Check Box(es) that Apply:	☐ Promoter	0	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if Beinner, Jonathan A.	individual)						·			
Business or Residence Address c/o Goldman Sachs Asset Ma	•		et, City, State, Zip C Old Slip, New York							
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if Clark, James B.	individual)									
Business or Residence Address c/o Goldman Sachs Asset Ma	-		et, City, State, Zip C Old Slip, New York							
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	፟	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if Johnson, Michael	individual)									
Business or Residence Address c/o Goldman Sachs Asset Ma	,		et, City, State, Zip C Dld Slip, New York,							

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - * Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

*	Each general and ma			tnerchin iccuers	corp	orate general and in		mg partmer	, с. р.	
	Box(es) that Apply:	☐ Promoter	<u> </u>	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	nme (Last name first, if i , Thomas	ndividual)								
	ss or Residence Address	•		et, City, State, Zip (Old Slip, New York						
	Box(es) that Apply:					Executive Officer		Director		General and/or Managing Partner
Full Na Lucas,	ame (Last name first, if i	ndividual)					·	_		
	ss or Residence Address Idman Sachs Asset Ma	•		et, City, State, Zip (Old Slip, New York						
Check	Box(es) that Apply:	□ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	ime (Last name first, if i	ndividual)								
	ss or Residence Address dman Sachs Asset Ma			et, City, State, Zip C Old Slip, New York			·			
-	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner
Full Na	me (Last name first, if i	ndividual)								
Busine	ss or Residence Address	(Number and	d Stre	et, City, State, Zip (Code)					
Check	Box(es) that Apply:	☐ Promoter		Beneficial Owner	0	Executive Officer		Director		General Partner and/or Managing Partner
Full Na	me (Last name first, if i	ndividual)							•	
Busines	ss or Residence Address	(Number and	d Stre	et, City, State, Zip C	Code)		-			
Check !	Box(es) that Apply:	□ Promoter		Beneficial Owner	D	Executive Officer	0	Director	0	General Partner and/or Managing Partner
Full Na	me (Last name first, if i	ndividual)								
Busines	ss or Residence Address	(Number and	d Stre	et, City, State, Zip C	Code)					
Check l	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner
Full Na	me (Last name first, if i	ndividual)								
Busines	ss or Residence Address	(Number and	d Stre	et, City, State, Zip C	Code)					
Check I	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General Partner and/or Managing Partner
Full Na	me (Last name first, if i	ndividual)								
Busines	ss or Residence Address	(Number and	Stre	et, City, State, Zip C	Code)					

				B. IN	FORMAT	ION ABO	UT OFF	ERING		7			
		•									Yes	No	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.													
•			1	Answer also	in Append	ix, Column	2, if filing	under ULOI	Ε.				
2. What is the minimum investment that will be accepted from any individual? *The Company, in its sole discretion, may accept subscriptions below the minimum, provided that no subscriptions shall be less than U.S. \$50,000 (or such other amount as specified from time to time by Cayman Islands Law).											\$	*00,000	
3. Does the offering permit joint ownership of a single unit?											Yes ☑	No □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	e (Last name , Sachs & C		lividual)										
	or Residence Street, Nev			Street, Cit	y, State, Zip	Code)							
Name of A	Associated I	Broker or De	ealer										
	Which Perso All States"										Ø	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	e first, if ind	lividual)										
Business of	or Residence	e Address (?	Number and	Street, City	y, State, Zip	Code)							
Name of A	Associated E	Broker or De	ealer									//	
	Vhich Perso All States"												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if ind	ividual)										
Business of	or Residence	Address (N	Number and	Street, City	v. State. Zip	Code)							
		`		,,	, ,	77,							
Name of A	Associated B	roker or Do	ealer										
	Vhich Perso All States" of											All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[BD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	.0	. \$	_	0
	Equity	\$_	74,546,458	. \$	· _	74,546,458
	☑ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$_	0	. 5	§ _	0
	Partnership Interests	\$_	0	. 5	<u> </u>	0
	Other (Specify)	\$_	0	\$	<u> </u>	0
	Total	\$	74,546,458	•	, —	74,546,458
	Answer also in Appendix, Column 3, if filing under ULOE.	_		•	_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		8	4	5	74,546,458
	Non-accredited Investors	-	N/A		_ }	/4,540,436 N/A
	Total (for filings under Rule 504 only)	_	N/A		' —	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	-	IV/A	. 4	· –	IVA
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		T(Della Assa
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505	_	N/A	\$. _	N/A
	Regulation A		N/A	S	;	N/A
	Rule 504		N/A	\$; –	N/A
	Total		N/A	\$;	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$.	0_
	Printing and Engraving Costs			\$	- }_	0
	Legal Fees		Ø	\$;_ ;_	33,207
	Accounting Fees			\$; ;	0
	Engineering Fees			\$	-	0
	Sales Commissions (specify finders' fees separately)			\$: -	0
	Other Expenses (identify) legal and miscellaneous			\$. –	0
	Total		2	\$	-	33,207
					_	

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	į
	b. Enter the difference between the aggregate offering price-Question 1 and total expenses furnished in response to difference is the "adjusted gross proceeds to the issuer."	\$_		74,513,251				
5.	Indicate below the amount of the adjusted gross proceeds to be used for each of the purposes shown. If the amount formish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceeds to the Part C - Question 4.b. above.							
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	_ 🗆	\$_	0
	Purchase of real estate			\$_	0	_ 🗆	\$_	0
	Purchase, rental or leasing and installation of machinery and	l equipment		\$_	0	_ 🗆	\$_	0
	Construction or leasing of plant buildings and facilities			\$_	0		\$_	0
	Acquisition of other businesses (including the value of secthis offering that may be used in exchange for the asse another issuer pursuant to a merger)		\$_	0		\$_	0	
	Repayment of indebtedness			\$_	0		\$_	0
	Working capital			\$_	0		\$_	0
	Other (specify): <u>Investment capital</u>			\$_	0	Ø	\$_	74,513,251
	Column Totals			\$_	0	=	\$_	74,513,251
	Total Payments Listed (column totals added)				☑ \$	74, 51	13,25	<u> </u>
	D. FE	DERAL SIGNATU	RE					
f	The issuer has duly caused this notice to be signed by the collowing signature constitutes an undertaking by the issuer to a staff, the information furnished by the issuer to any non-according to the issuer to according to the issuer to acc	furnish to the U.S. Sec	uritie	s and	Exchange Commi	ission, u	l unde pon w	er Rule 505, the vritten request of
Go	uer (Print or Type) Idman Sachs Commodity Opportunities and Offshore, Ltd. Signature			Date October 15,	2008			
Na	me of Signer (Print or Type) Title of Signer	(Print of Type)						
Ja	equeline Gigantes Authorized Po	erson			<u> </u>			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).